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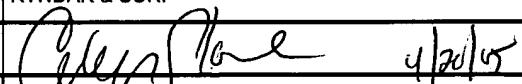
TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

	Application Number	10/662,467
	Filing Date	09/16/2003
	First Named Inventor	Brian C. Jones
	Art Unit	3754
	Examiner Name	P. Derakshani
Total Number of Pages in This Submission	40300-10265	

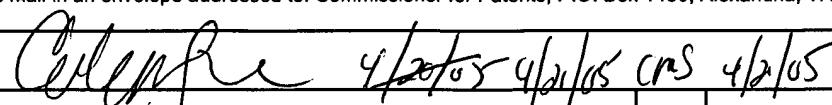
ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment/Reply	<input checked="" type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	<input type="checkbox"/> Petition to Revive Unintentionally Aband. Appln.
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	<input type="checkbox"/> Fee Transmittal Letter
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> Issue Fee Transmittal
<input type="checkbox"/> Reply to Missing Parts/ Incomplete Application	<input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> Rule 312 Amendment
<input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Return Postcard	
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	RYNDAK & SURI		
Signature	 4/20/05		
Printed name	CAROLYN M. SLOANE		
Date	APRIL 20, 2005	Reg. No.	44,339

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Signature	 4/20/05 4/21/05 CMS 4/21/05		
Typed or printed name	CAROLYN M. SLOANE	Date	APRIL 20, 2005

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